

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

ADDRESS (number and street) ONE MASSACHUSETTS AVE NW SUITE 800

Check if different than previously reported. (ACC) WASHINGTON DC 20001 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00172833

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☒ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)

☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)

☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)

☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y

07 01 2013 12 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael R. McLeod

Signature of Treasurer Michael R. McLeod [Electronically Filed] Date 01 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">200636.12</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">211467.58</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">7425.13</span>	<span style="border: 1px solid black; padding: 2px;">87006.59</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">218892.71</span>	<span style="border: 1px solid black; padding: 2px;">287642.71</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">40000.00</span>	<span style="border: 1px solid black; padding: 2px;">108750.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">178892.71</span>	<span style="border: 1px solid black; padding: 2px;">178892.71</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
07 01 2013

To:

M M / D D / Y Y Y Y  
12 31 2013

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

6245.00

47845.00

(ii) Unitemized .....

1130.00

25560.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

7375.00

73405.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

9000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

7375.00

82405.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

4500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

50.13

101.59

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

7425.13

87006.59

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

7425.13

87006.59

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	108500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	40000.00	108750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40000.00	108750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7375.00	82405.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7375.00	82405.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 17  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

## **A. Randy Barr**

Mailing Address 4130 SE 34th Terr

City State Zip Code  
Topeka KS 66605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Great American Ins

Occupation

Underwriter Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2013

Transaction ID : SA11AI.7443

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Rodney Clark**

Mailing Address 3525 Lakewood Drive

City State Zip Code  
Mount Vernon IN 47620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CGB Diversified Services

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2013

Transaction ID : SA11AI.7445

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

## **C. Chris Fisher**

Mailing Address 15259 Knight Road

City State Zip Code  
Basehor KS 66012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Great American Insurance

Occupation

Profit Center Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2013

Transaction ID : SA11AI.7441

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

3250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

## **A. Clint Fletcher**

Mailing Address 262 SE 118th Street

City State Zip Code  
 Galena KS 66739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cantry Agency LLC

Occupation

Insurance agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

995.00

Date of Receipt

08 / 05 / 2013

Transaction ID : SA11AI.7442

Amount of Each Receipt this Period

995.00

Full Name (Last, First, Middle Initial)

## **B. Burr Glasgow**

Mailing Address 3605 N. Twelve Oaks Dr

City State Zip Code  
 Peoria IL 61604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Great American Insurance

Occupation

AUP Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2013

Transaction ID : SA11AI.7440

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Adam Hilton**

Mailing Address 343 Hilcox Lane

City State Zip Code  
 Thomasville NC 27360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Producers Ag Insurance

Occupation

Field Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2013

Transaction ID : SA11AI.7439

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1995.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. Kyle Perry**

Mailing Address 2481 Harrison Avenue

City State Zip Code  
 Charleston IL 61920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Great American Ins

Occupation

Marketing Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 03 2013

**Transaction ID : SA11AI.7447**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Robert J. Twomey**

Mailing Address 1346 Covedale Lane

City State Zip Code  
 Amelia OH 45102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Great American Insurance

Occupation

VP, Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 03 2013

**Transaction ID : SA11AI.7444**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

6245.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. BOB GOODLATTE FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2013

Mailing Address P.O. Box 292

City	State	Zip Code
Roanoke	VA	24002

Purpose of Disbursement

**Transaction ID : SB23.7416**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**ROBERT W GOODLATTE**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 06

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR COCHRAN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2013

Mailing Address PO BOX 7183

City	State	Zip Code
TUPELO	MS	38802

Purpose of Disbursement

**Transaction ID : SB23.7408**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**THAD COCHRAN**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 00

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR COCHRAN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2013

Mailing Address PO BOX 7183

City	State	Zip Code
TUPELO	MS	38802

Purpose of Disbursement

**Transaction ID : SB23.7417**

Amount of Each Disbursement this Period

3000.00
---------

Candidate Name

**THAD COCHRAN**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. CONAWAY FOR CONGRESS**

Mailing Address PO Box 51272

City	State	Zip Code
Midland	TX	79710

Purpose of Disbursement

Candidate Name

**K MICHAEL CONAWAY**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2013

**Transaction ID : SB23.7418**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. CRAMER FOR CONGRESS**

Mailing Address PO BOX 396

City	State	Zip Code
BISMARCK	ND	58502

Purpose of Disbursement

Candidate Name

**KEVIN MR. CRAMER**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: ND District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2013

**Transaction ID : SB23.7406**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. CRAMER FOR CONGRESS**

Mailing Address PO BOX 396

City	State	Zip Code
BISMARCK	ND	58502

Purpose of Disbursement

Candidate Name

**KEVIN MR. CRAMER**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: ND District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2013

**Transaction ID : SB23.7419**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. CRAWFORD FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2013

Mailing Address PO BOX 16956

City	State	Zip Code
JONESBORO	AR	72403

**Transaction ID : SB23.7405**

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**ERIC ALAN RICK CRAWFORD**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AR	District: 01	

Full Name (Last, First, Middle Initial)

**B. CRAWFORD FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2013

Mailing Address PO BOX 16956

City	State	Zip Code
JONESBORO	AR	72403

**Transaction ID : SB23.7411**

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**ERIC ALAN RICK CRAWFORD**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AR	District: 01	

Full Name (Last, First, Middle Initial)

**C. DONNELLY FOR INDIANA**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2013

Mailing Address 1050 17TH ST NW STE 590

City	State	Zip Code
WASHINGTON	DC	20036

**Transaction ID : SB23.7424**

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**JOSEPH S DONNELLY**Category/  
Type

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IN	District: 00	

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHERI BUSTOS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Mailing Address P.O. BOX 77

City	State	Zip Code
EAST MOLINE	IL	61244

**Transaction ID : SB23.7412**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

**CHERI BUSTOS**Category/  
Type

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 17

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHERI BUSTOS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2013

Mailing Address P.O. BOX 77

City	State	Zip Code
EAST MOLINE	IL	61244

**Transaction ID : SB23.7430**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

**CHERI BUSTOS**Category/  
Type

2000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 17

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF FARR**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Mailing Address 555 Capitol Mall Suite 1425

City	State	Zip Code
Sacramento	CA	95814

**Transaction ID : SB23.7431**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

**SAM FARR**Category/  
Type

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 17

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. KRISTI FOR CONGRESS**

Mailing Address PO BOX 852

City	State	Zip Code
SIOUX FALLS	SD	57101

Purpose of Disbursement

Candidate Name

**KRISTI LYNN NOEM**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: SD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2013

**Transaction ID : SB23.7409**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. KURT SCHRADER FOR CONGRESS**Mailing Address PO Box 3314  
Suite 240

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement

Candidate Name

**KURT SCHRADER**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2013

**Transaction ID : SB23.7407**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. LUCAS FOR CONGRESS**Mailing Address Post Office Box 1726  
Post Office Box 1726

City	State	Zip Code
Oklahoma City	OK	73101

Purpose of Disbursement

Candidate Name

**FRANK D LUCAS**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OK District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2013

**Transaction ID : SB23.7413**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. MIKE MCINTYRE FOR CONGRESS**

Mailing Address P.O. Box 1

City	State	Zip Code
Lumberton	NC	28359

Purpose of Disbursement

Candidate Name

**MIKE MCINTYRE**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

**Transaction ID : SB23.7428**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MORAN FOR KANSAS**

Mailing Address P.O. Box 1151

City	State	Zip Code
Hays	KS	67601

Purpose of Disbursement

Candidate Name

**JERRY MORAN**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2013

**Transaction ID : SB23.7403**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C. NEUGEBAUER CONGRESSIONAL COMMITTEE**

Mailing Address 3305 66th Street Suite # 1

City	State	Zip Code
Lubbock	TX	79413

Purpose of Disbursement

Candidate Name

**RANDY NEUGEBAUER**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

**Transaction ID : SB23.7423**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. PETERSON FOR CONGRESS**

Mailing Address 26192 Floyd Lake Point Road

City	State	Zip Code
Detroit Lakes	MN	56501

Purpose of Disbursement

Candidate Name

**COLLIN CLARK PETERSON**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2013

**Transaction ID : SB23.7422**

Amount of Each Disbursement this Period

3000.00
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Full Name (Last, First, Middle Initial)

**B. STEVE FINCHER FOR CONGRESS**

Mailing Address PO BOX 11153

City	State	Zip Code
JACKSON	TN	38308

Purpose of Disbursement

Candidate Name

**STEVE FINCHER**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2013

**Transaction ID : SB23.7420**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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40000.00
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